



CENTER FOR CONTRACT COMPLIANCE

El Monte Office

4399 North Santa Anita Ave. #100 · El Monte, CA 91731

TEL (626) 444-8355 · FAX (626) 444-8173

****Please reference ID number 15-693004 in response to this query, include general contractor/sub-contractor and MUST PROVIDE LICENSE NUMBERS. Thank you.**

Date: March 14, 2016

Number of pages: (1)

To:

LA Bureau of Sanitation Watershed Protection
1149 S Broadway Ste 9
Los Angeles, Ca 90015-2236

Phone: (213) 485-3958

From:

Marisol B. Hernandez
4399 Santa Anita Ave.
Suite 100
El Monte, CA 91731
marisolb@socalccc.org

Phone: (626) 444-8355
Fax: (626) 444-8173

COMMENTS:

This FAX is a formal request for a copy of the General Contractor, Sub-Contractors List, Multiple Prime Contractor's if any, Start & Completion Date, Bid Advertisement Date and Award Date for the following referenced project.

PROJECT: Catch Basin Inserts/Curb Opening Screen Covering 25456

* We are requesting the documents pursuant to the California Public Records Act, Government Code Section 6250, et. Seq. Public Contract Code Section 4104, et. Seq., requires that the general contractor list the name, location of each awarded subcontractor, and license number of each awarded subcontractor, at the time of bid submission. Under the statute, if the general contractor does not list the subcontractors, then the general contractor is required to perform the work with their own employees.

Please fax the requested information directly to our office @ (626) 444-8173 or e-mail marisolb@socalccc.org

Should you have any questions, please do not hesitate to contact me @ (626) 444-8355 I look forward to your prompt response. Thank you for your time and courtesy!

I.D. _____

PROJECT: _____

LOCATION: _____

Bid Advertisement Date. _____

Date Project was Awarded: _____

Estimated Start Date: _____

Estimated Completion Date: _____

Awarded General Contractor '(s) or Prime:

Name: _____

Address: _____

City: _____

State: _____

License Number: _____

Sub Contractor'(s): or attach a list

Name: _____

Address: _____

City: _____

State: _____

License Number: _____

Name: _____

Address: _____

City: _____

State: _____

License Number: _____

